

DRIVER'S APPLICATION FOR EMPLOYMENT

Chippewa Yellow Bus, CO.
510 E. South Ave.
Chippewa Falls, WI 54729

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone How Long? _____
yr./mo.

Previous Addresses _____
Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Street City State & Zip Code How Long? _____
yr./mo.

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

DRIVER EXPERIENCE & QUALIFICATIONS (cont'd) Answer the questions in this section only if applying for a driver position

Licenses

| Drivers licenses held in past 3 years must be shown | State | License No. | Class | Endorsement(s) | Expiration Date |
|---|-------|-------------|-------|----------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___
- B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ___ No ___
- If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

| Class of Equipment | Type of Equipment (Van, Tank, Flat, etc.) | Dates | | Approximate Total Miles |
|--------------------------|---|-------|----|-------------------------|
| | | From | To | |
| Straight Truck | | | | |
| Tractor and Semi Trailer | | | | |
| Twin Trailers-LCV's | | | | |
| Other | | | | |

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

| Dates | Nature of accident (head-on, rear end, overturn, etc.) | Fatalities | Injuries |
|---------------|--|------------|----------|
| Last Accident | | | |
| Next Previous | | | |
| Next Previous | | | |

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21(b)(10),(11)

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
mo./yr. mo./yr.

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
mo./yr. mo./yr.

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: (____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
mo./yr. mo./yr.

Reason for leaving: _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

| EMPLOYER | | DATE | |
|--|-------|----------------------|--------------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | PHONE NUMBER | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? | | REASON FOR LEAVING | |
| | | [] YES [] NO | |

| EMPLOYER | | DATE | |
|--|-------|----------------------|--------------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | PHONE NUMBER | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? | | REASON FOR LEAVING | |
| | | [] YES [] NO | |

| EMPLOYER | | DATE | |
|--|-------|----------------------|--------------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | PHONE NUMBER | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? | | REASON FOR LEAVING | |
| | | [] YES [] NO | |

| EMPLOYER | | DATE | |
|--|-------|----------------------|--------------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | PHONE NUMBER | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? | | REASON FOR LEAVING | |
| | | [] YES [] NO | |

| EMPLOYER | | DATE | |
|--|-------|----------------------|--------------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | PHONE NUMBER | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? | | REASON FOR LEAVING | |
| | | [] YES [] NO | |

| EMPLOYER | | DATE | |
|--|-------|----------------------|--------------------|
| NAME | | FROM MO. YR. | TO MO. YR. |
| ADDRESS | | POSITION HELD | |
| CITY | STATE | ZIP | |
| CONTACT PERSON | | PHONE NUMBER | |
| DID YOU DRIVE A VEHICLE REQUIRING A CDL? | | REASON FOR LEAVING | |
| | | [] YES [] NO | |

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in quantity requiring placarding.

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize to make such investigations and inquiries of my personal, employment, financial or medical history and any other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|-------------------------------------|----------|------|------|---------------|------|------------------------|
| 1. APPLICATION | | | | | | |
| 2. INTERVIEW | | | | | | |
| 3. PAST EMPLOYMENT | | | | | | |
| 4. WRITTEN EXAM | | | | | | |
| 5. ROAD TEST | | | | | | |
| 6. CRIMINAL AND TRAFFIC CONVICTIONS | | | | | | |

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

| | |
|---|---|
| FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____ | FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____ |
| FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____ | FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____ |

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

If you have a disk →

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

| SECTION 1 | TO BE COMPLETED BY PROSPECTIVE EMPLOYEE |
|--|---|
| I. (Print Name) _____ <div style="display: flex; justify-content: space-between; margin-left: 100px;"> First, M.I., Last hereby authorize: Date of Birth _____ </div> | |
| Previous Employer: _____ | Email: _____ |
| Street: _____ | Telephone: _____ |
| City, State, Zip: _____ | Fax No.: _____ |
| To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: center;">(date of employment application)</div> | |
| To: Prospective Employer: Choice Transportation LLC Attention: Cathy Morgan Street: 3421 Truax Court City, State, Zip: Eau Claire, WI 54703 | |
| In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. | |
| Prospective employer's fax number: (715) 834-2634 Prospective employer's email address: cmorgan@choice-products.com | |
| _____ Applicant's Signature | _____ Date |
| This information is being requested in compliance with §40.25 and §391.23. | |

| SECTION 2 | TO BE COMPLETED BY PREVIOUS EMPLOYER |
|--|--------------------------------------|
| The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ | |
| 1. Did he/she drive a motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Bus <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ | |
| If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return. | |
| ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this driver. | |
| Date | Location |
| No. of Injuries | No. of Fatalities |
| Hazmat Spill | |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| Please provide information concerning any other accidents involving the applicant that were reported to government agencies of insurers or retained under internal company policies: _____ _____ _____ _____ | |
| Signature: _____ | |
| Title: _____ | Date: _____ |

SIDE 2

Employee Name

| | |
|---|--|
| SECTION 3 | TO BE COMPLETED BY PREVIOUS EMPLOYER |
| DRUG AND ALCOHOL HISTORY | |
| <p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.</p> | |
| <p>Driver was subject to Department of Transportation testing requirements from _____ to _____. YES NO</p> | |
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this Driver subsequently have an alcohol test result of 0.04 or greater, a verified positive test, or refuse to be tested? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.</p> | |
| <p>Name: _____</p> | |
| <p>Company: _____</p> | |
| <p>Street: _____</p> | |
| <p>City, State, Zip: _____ Telephone: _____</p> | |
| <p>Section 3 Completed by (Signature): _____ Date: _____</p> | |

| | |
|--|--|
| SECTION 4a: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| <p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> | |
| <p>By: _____ Date: _____</p> | |

| | |
|---|--|
| SECTION 4b: | TO BE COMPLETED BY PROSPECTIVE EMPLOYER |
| <p>Complete below when information is obtained.</p> | |
| <p>Information received from: _____</p> | |
| Recorded by: _____ | Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone |
| Date: _____ | <input type="checkbox"/> Other _____ |

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Complete the information required in this section
- Send to Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain the form

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3